

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145988</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAUK VALLEY SENIOR LIVING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 DIXON AVENUE ROCK FALLS, IL 61071</b>		
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F 000	INITIAL COMMENTS	F 000			
F 164 SS=D	<p>Annual Licensure and Certification. 483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents</p>	F 164			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 164	<p>Continued From page 1</p> <p>privacy during toileting and incontinence cares. This applies to 1 of 9 residents (R2) reviewed for privacy in the sample of 10 and 1 resident (R11) in the supplemental sample.</p> <p>The findings include:</p> <p>1. The April 30, 2015 MDS (Minimum Data Set) for R2 shows him to be incontinent of bowel and bladder and requires extensive assist and is dependent on staff with dressing, personal hygiene and bathing needs. The July 2015 POS (Physician order sheet) documents R2 to have multiple diagnoses including morbid obesity and intellectual disabilities.</p> <p>On July 7, 2015 at 2:00 PM, E5 and E6 CNAs (Certified nursing assistants) transferred R2 into bed with the mechanical lift. E5 and E6 removed R2's pants and t-shirt. E5 takes the washcloths to the bathroom to wet them while R2 lays in the bed, naked from head to toe. E6 made no attempt to cover his exposed personal areas while waiting for the washcloths. Once E5 returns with the washcloths, E6 performs personal cares. R2 is left exposed until E5 and E6 completed incontinence care and replaced his pants and t-shirt.</p> <p>2. The June 24, 2015 admission data form documents R11 was admitted to the facility with dementia and is unable to understand when addressed in conversation. The data form documents R11 to be a two person transfer with a gait belt and uses the bedside commode.</p> <p>On July 7, 2015 at 9:00 AM, upon entering R11's room, she was sitting on the bedside commode next to her roommate who was in a wheel chair. The curtain was not pulled for privacy and E10 and E11 (certified nursing assistants) were standing next to R11 by the commode.</p> <p>On July 8, 2015 at 11:45 AM, E2 (Director of Nursing) stated when residents are using the</p>	F 164			

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F 164	Continued From page 2 bedside commode in the room, a curtain should be pulled to protect the resident's privacy. E2 stated a resident should be covered as much as possible during cares to maintain privacy.	F 164			
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES  The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide scheduled group activities to the residents on the weekends, and failed to assess newly admitted residents. This applies to 4 residents (R2, R4, R8, R10) reviewed for activities in the sample of 10. On July 7, 2015 at 11:00 AM the July activity calendar posted in the front entry way shows tea and coffee time on Saturday, and no activities planned on Sundays for the entire month of July. On July 9, 2015 at 11:00 AM, E1 Administrator said there have been no scheduled group activities on the weekend since the activity aid left. The dietary people will arrange tea and coffee time on Saturday morning. E1 said the "facility does not have a policy for activities, you will have to refer to the State Operations Manual." On July 9, 2015 at 9:45 AM, E12 Activity Director said there is no activity director or activity aids on the weekends. The staff can set up individual activities but there are no scheduled group activities.	F 248			

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F 248	<p>Continued From page 3</p> <p>On July 9, 2015 at 12:05 PM, E11 CNA (certified nursing assistance) said some days we just don't have time because we are too busy. It was better when we had an activity aid on the weekend.</p> <p>On July 9, 2015 at 12:15 PM, E14 CNA said we try to help with activities on the weekend, but we have to get our work done first, we do the best we can.</p> <p>On July 9, 2015 at 12:10 PM, E7 CNA said it's difficult to get activities set up on the weekends, then we can't sit there with them.</p> <p>On July 9, 2015 at 11:15 AM, R10 said there is nothing to do on the weekend, it's very boring. At times we can get the CNA's to set up an individual activity but it's only if they have the time. R10 said he likes going outside to smoke but we have to go out with supervision and we do not take precedence.</p> <p>On July 9, 2015 at 11:30AM, R8 said we don't have any activities here on the weekend. R8 said she requested more supplies for activities but was told there was no funds. R8 said she requested to spend more time outside on the weekends whenever possible to smoke but there is no staff to watch us.</p> <p>On July 9, 2015 at 9:30AM, R2 said it's boring on the weekend because there is nothing to do.</p> <p>The March 16, and June 10, 2015 MDS (minimum data set) for R10 shows puzzles, pets, bingo, and going outside as very important for R10.</p> <p>The March, 2015 care plan lists R10's preferred activities as Group activities, pets, going outside, smoking, and bingo.</p> <p>The July, 2015 activity calendar shows tea and coffee time at 10:00 AM on Saturday set up by the dietary staff, and nothing on Sunday for the entire month.</p> <p>An activity policy was requested but not received.</p>	F 248			

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F 248	Continued From page 4 2. The Physicians Order Sheet of July 1, 2015 through July 31, 2015 shows R4's admission date was June 25, 2015. The Nursing Progress Review completed July 7, 2015 shows no problems with R4's long-term and short-term memory. On July 7, 2015, R4 was sitting in her wheel chair in her room at 10:45 AM, 12:30 PM, 2:03 PM and 2:15 PM. On July 8, 2015 R4 was sitting in her wheel chair in her room at 8:25 AM, 9:10 AM. On July 9, 2015 R4 was sitting in her wheel chair in her room at 8:30 AM, 11:30 AM, and 1:20 PM. On July 7, 2015 between 10:45 AM and 11:45 AM, R4 stated staff does not come into her room to see if she wants to attend the activities program. R4 stated staff has not provided one on one time with her since she has been admitted to the facility. R4 said she likes to play cards and bingo. On July 8, 2015 at 10:05 AM, E12 (Activity Director) stated "I was in there a couple of times when we have had pie. I went in and offered her some pie." E22 said she talked with R4 yesterday and R4 told her she likes card games and wants to come out when Pastor Jack and his dog Murphy come. The interim care plan for R4 shows provide one on one with resident. On July 7, 2015 (11 days after admission and after the annual survey had begun), the Activity Program Assessment and Interview Profile was completed on R4 by E12.	F 248			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  Based on the comprehensive assessment of a resident, the facility must ensure that a resident	F 314			

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F 314	<p>Continued From page 5</p> <p>who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure interventions were in place for a resident at high risk for pressure ulcer, failed to identify pressure wounds prior to Stage II, and failed to ensure thorough perineal cleaning was performed for a resident at high risk for pressure ulcers. This applies to 1 of 3 residents (R2) reviewed for pressure ulcers in the sample of 10. The findings include: The July 2015 physician order sheet documents R2 was admitted to the facility with multiple diagnoses including morbid obesity, osteoarthritis and pain. The April 30, 2015 MDS (Minimum Data Set) documents R2 requires extensive assist for transfers, personal hygiene and bathing. The MDS documents R2 to be incontinent of bowel and bladder. The April 30, 2015 Braden scale for predicting pressure ulcer risk shows R2 is a high risk for skin breakdown. On July 7, 2015 at 2:00 PM, R2 was observed being transferred to bed via the mechanical lift. E5 and E6 (certified nursing assistants) removed R2's t-shirt and pants which were visibly soiled. R2 had two red lines on his skin across the top of his back and a large open area on the upper middle back. No dressing was on the wound. E5 stated she does not remember ever seeing a</p>	F 314			

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F 314	<p>Continued From page 6</p> <p>dressing on the wound at all. R2's wheelchair does not have any protective device on the back of the chair to protect the open area. E5 and E6 continued to perform incontinence care . E5 used toilet tissue to remove fecal matter from R2's buttocks. E5 did not use a wet washcloth to thoroughly clean R2's buttock area of urine and feces. After completing incontinence care, E5 did not place any barrier or protective cream on R2's back or his buttocks.</p> <p>The July 2, 2015 wound/skin healing record documents a Stage 3 area was identified on R2's upper back and measured 1.0 cm (centimeter) by 5.0 cm. The record documents R2 had pain related to the wound and was moaning. The updated October 2014 care plan lists July 2, 2015 " see TAR (Treatment Administration Record) POS (physician order sheet) for current orders and treatments." No interventions were listed to prevent worsening of the wound. The care plan does not list a source of the pressure ulcer or the causative factors.</p> <p>The wound/skin healing records documents R2 had a Stage 2 pressure identified on December 18, 2014 and measured 0.5cm x 1.0 cm x 0.2 cm. The record shows R2 had pain relating to the wound and was grimacing and guarding with cleaning of the wound. The care plan does not state the location of a wound, but documents to see TAR for current treatment of reddened areas right gluteal fold. The same area of skin re-opened June 22, 2015 at a Stage 2 and measured 0.7cm x 0.5cm x 0.2 cm with serous drainage and granulation tissue. The care plan does not identify any causative factors and does not list any re-assessment of any interventions to prevent further skin breakdown.</p> <p>The October care plan documents nine occurrences of skin impairment and to see the</p>	F 314			

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F 314	<p>Continued From page 7</p> <p>TAR for current treatments. The care plan does not identify the location or staging of any wounds or interventions implemented to prevent breakdown.</p> <p>On July 8, 2015 at 11:45 AM, E2 DON (Director of Nursing) stated she would expect the use of wet washcloths with soap and water to clean R2 after any incontinence episode due to his high risk for skin breakdown. E2 stated R2 has a lot of skin folds and needs to be thoroughly cleaned after each episode of incontinence. E2 stated the aides have barrier cream and vitamin A and D ointment they should be putting on R2 to prevent any further breakdown. E2 stated R2 is supposed to have a dressing on the open wound to R2's upper back. E2 stated wounds should be identified prior to becoming a stage 2. E2 said the skin would have been reddened and turned into the nurse at that time. E2 said the third shift nurse does the weekly skin checks for all of the residents.</p> <p>On July 9, 2015 at 10:30 AM, E9 (MDS coordinator/care plans) stated all she puts on the care plan is to see the treatment record, "I guess I should be putting the location of the wound and the treatment on the care plan." E9 could not identify any current interventions relating to the wound on R2's upper back. E9 stated the facility was trying to locate a new chair for R2 but for now there are no measures in place to prevent any further breakdown of the skin. E9 stated R2 should have a dressing on his back, but that was all that was being done for now.</p> <p>The facility's October 2006 policy for preventative skin care is to provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers. 4.</p>	F 314			



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F 314	Continued From page 8 A body lotion and/or barrier cream may be applied. 9. Ensure proper fit of wheelchairs. 14. Keep incontinent residents clean and dry. The facility's May 2007 policy for decubitus care/pressure areas is to ensure proper treatment has been instituted and is being closely monitored to promote the healing of any pressure ulcer, once identified. 8. Initiate problem on care plan. 9. When the pressure area is healed, a preventative regimen must be instituted.	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident had a medical need for a an indwelling urinary catheter. This applies to 1 of 2 residents (R4) reviewed for an indwelling catheter in the sample of 10. The findings include: On July 7, 2015 at 10:45 AM R4 was sitting in her wheel chair in her room watching television. R4 had a urinary catheter that was hooked over the side of her wheel chair containing 200 cc of	F 315			

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F 315	<p>Continued From page 9</p> <p>brown urine in the bag.</p> <p>The Physician Order Sheet (POS) dated July 1, 2015 through July 31, 2015 show R4 with multiple diagnoses. The POS does not contain any current urinary diagnosis or list any diagnosis that shows the need for a urinary catheter.</p> <p>The POS dated July 1, 2015 through July 31, 2015 shows the orders for R4's catheter care were obtained on July 7, 2015. No diagnosis was obtained at that time.</p> <p>On July 8, 2015 at 3:10 PM E2 (Director of Nursing- DON) stated she has urinary incontinence, they just forgot to put it on the admission diagnosis. ...she was admitted with a catheter. I don't see anything else in her chart." "</p> <p>It depends on how long they have had the catheter if we do bladder training or not. I don't know how long she has had the catheter. I asked (E9-RN/MDS/Care Plan Coordinator) today to call (R4's) doctor to find out why she has the catheter."</p> <p>On July 9, 2015 at 9:00 AM, E9 said there was no care plan for (R4's) catheter in her interim care plan. "I don't know if one was done, I will do it right now." E9 stated, "I understand that I need a legitimate diagnosis for one. That was the call that I made yesterday." E9 stated, "Assessing why the resident has a catheter and evaluating the continued need for it, to my knowledge, is not assigned to any one specific person, other than the nurses or the doctor."</p> <p>On July 9, 2015 at 11:28 AM, stated, "(E9) does most of the assessments for residents when they come in. Other than that, we are just trying to obtain a history as to why (R4) has it. With hardly any information on her, I just do not know." E2 stated they still have not received anything from the doctor yet.</p> <p>On July 9, 2015 at 11:20 AM, E15 (Licensed</p>	F 315			

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F 315	Continued From page 10 Practical Nurse) stated, "I could not say if anyone assessed the need for her (R4) to continue to use the catheter. The floor nurse on duty that is doing the admission, or the DON- she does a lot of admissions too, should be the one to assess the need for the catheter. All paperwork is faxed to the doctor. I would think the doctor would question it. I think it is everybody's responsibility." On July 9, 2015 at 1 PM, E1 (Administrator) said the facility did not have a policy and procedure for a resident admitted with a catheter. The Home Nursing Agency patient information sheet dated June 25, 2015 lists urinary incontinence under R4's medical diagnosis. The June 25, 2015 Nursing Notes show R4 was admitted to the facility with a urinary catheter. On July 7, 2015 R4's Bowel and Bladder Assessment was completed by E9 showing R4 has an indwelling urinary catheter. On June 7, 2015, R4's Nursing Progress review was completed by E9 showing R4 has a catheter.	F 315			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents were transferred in a safe manner and failed to assess	F 323			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145988</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/10/2015</b>
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F 323	<p>Continued From page 11</p> <p>a resident for self-administration of medication prior to leaving a medicinal inhaler at the bedside. This applies to 2 of 10 residents (R2, R4) reviewed for safety and supervision in the sample of 10 and 1 resident (R11) in the supplemental sample.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>The July 2015 physician order sheet documents R2 was admitted to the facility with multiple diagnoses including morbid obesity, osteoarthritis and pain. The April 30, 2015 MDS (Minimum Data Set) documents R2 requires extensive assist for transfers, personal hygiene and bathing.</li> </ol> <p>On July 7, 2015 at 2:00 PM, E5 and E6 CNAs (certified nursing aides) said R2 was needed to be transferred into bed. Using the manual mechanical lift, E5 and E6 placed the loops of the sling around the hooks of the lift. Without locking the wheels on R2's wheelchair, E6 began to pump the handle of the lift and R2 began to slide down in the sling and then was raised above his wheelchair. E5 moved from the wheelchair to the opposite side of the bed while E6 pushed the lift toward the bed. At no time was R2 guided and supported during his transfer.</p> <p>At 2:30 PM, when cares were complete, a clean sling was placed under R2, then E5 and E8 (CNA) placed the loops on the lift. E8 began to pump the manual lift until R2 was above the bed. E8 moved the lift away from the bed, no guidance or support, while E5 moved the wheelchair between the legs of the lift. E5 tipped the wheelchair back, so only the back wheels were on the ground. E5 did not lock the wheels on the wheelchair as R2 was being lowed into the wheelchair. The back wheels were visibly unstable as R2 was lowered into his chair and E5 placed the front wheels on the ground. E5 and</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

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F 323	<p>Continued From page 12</p> <p>E8 attempted to move R2 up into his chair without success.</p> <p>On July 8, 2015 at 10:00 AM, E7 (CNA), stated it is difficult to position R2 into his chair, he is large and he will need a special chair. E7 stated the DON knows how he is transferred.</p> <p>On July 9, 2015 at 11:45 AM, E2 DON (Director of Nursing) stated the wheels on the wheelchair should have been locked during both of the transfers. E2 stated she is aware of the aides tipping the wheelchair to get R2 into his wheelchair and states it is the only way to get him positioned all the way to the back of the chair.</p> <p>2. On July 7, 2015 at 9:00 AM, E10 and E11 (CNA's) were to transfer R11 from the bedside commode to the wheelchair. E10 and E11 assisted R11 to stand, no gait belt was used. As R11 stands, E10 and E11 pull up R11's pants, using the top of her pants with one hand and grabbed R11 under her arms and pulled her to the wheelchair. The wheels of the wheelchair were not locked during the transfer.</p> <p>On July 8, 2015 at 10:00 AM E7 stated when transferring a resident, a gait belt should be used at all times and the wheels on the wheelchair should be locked.</p> <p>On July 9, 2015 at 11:45 AM, E2 stated during pivot transfers a gait belt should be used and the wheels on the wheelchair should always be locked.</p> <p>The facility's undated policy for transfer-standing pivot type list 2. Lock brakes of the wheelchair.</p> <p>3. The facility's nursing notes of June 25, 2015 show (R4) was admitted to the facility.</p> <p>On July 7, 2015 at 11:30 AM, E15 (Licensed Practical Nurse-LPN) entered R4's room, picked up the Ventolin HFA inhaler from R4's night stand. E15 placed the inhaler on R4's over-the-bed table and reminded R4 to use the inhaler before lunch.</p>	F 323			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2015  
FORM APPROVED  
OMB NO. 0938-0391

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F 323	<p>Continued From page 13</p> <p>R4 told E15 that she needed the other inhaler that was on the night stand too. E15 informed R4 that she did not use that inhaler before lunch. R4 disagreed with E15 and said that she uses both of the inhalers before lunch. E15 told R4 that she did not think that she did, but she would go check. E15 left the room. At 11:44 AM R4 picked up the Ventolin inhaler and self-administered four consecutive puffs without waiting between puffs. R4 stated, " I usually take two puffs of this one at lunch, but since they didn't give me the other one that I take, I took four puffs."</p> <p>On July 7, 2015 at 11:45 AM, E15 said R4 has orders for Spiriva one capsule- two inhalations per capsule daily, Ventolin HFA one puff four times daily, and Flovent two puffs twice a day (scheduled at 7 AM and 5 PM). E15 stated, " We have an order for may keep at bedside. We may have to change that, I provided education to her one day (unable to remember which day) about the same thing that you were just telling me about."</p> <p>On 7/08/15 at 9:43 AM, E2 ( Director of Nursing-DON) stated, " It is generally hit and miss." E2 said some residents come with orders to self-administer medications." If we see them doing it wrong, we will assess and question them (the resident) on how to do it. We will have them demonstrate." E2 stated, "Not all residents are assessed if they have an order to self-administer on admit. (R4) was not assessed."</p> <p>The facility's policy and procedure " Self-Administration of Medication Program" dated April 2007, shows 1. "A Licensed Nurse and the interdisciplinary team will identify residents who express a desire to self medicate and determine appropriate candidate for self-administration of medication program." 2. " An assessment will be completed identifying</p>	F 323			

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F 323	Continued From page 14 current level of functioning and strengths." The facility's nursing notes dated July 9, 2015 show a late entry for 7/7/15, 12:00 Resident witnessed using inhaler improperly. Attempts made to educate resident on proper use. Resident states, " I've always done it that way." R4's Physician Order Sheet (POS) of July 1, 2015 through July 31, 2015 show R4 has orders for Ventolin HFA 90 micrograms (mcg) inhaler, Inhale one puff by mouth four times daily. The POS shows that on July 2, 2015 at 2:10 PM there was an order "Resident may have inhalers at bedside."	F 323			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a kitchen utensil was used to serve chicken to prevent contamination, and the facility failed to ensure a kitchen utensil was used to serve brown sugar. This applies to all 26 residents residing in the facility. The findings include: The facility has 26 residents residing in the facility	F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/16/2015  
FORM APPROVED  
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F 371	<p>Continued From page 15 according to the Federal form 672, dated July 7, 2015.</p> <p>On July 7, 2015 at 11:00 AM, E4 (Dietary Aide) placed her gloved right hand inside a plastic container with shredded chicken and broth. E4 used her gloved hand to pick up a handful of chicken and placed the chicken on a plate. Without changing her gloves, E4 wrapped the plate in plastic wrap and used her gloved right hand to slide the tab to cut the plastic wrap from the multi-use container. E4 took her gloved right hand and reached back into the container of shredded chicken and removed more chicken, and put it on the another plate. E4 then removed her gloves.</p> <p>On July 8, 2015 at 7:45 AM, E4 was serving breakfast. E4 took her gloved hand and reached inside a bag of brown sugar, and placed the brown sugar on top of a bowl of oatmeal. E4 took her hand and pressed the palm of her hand onto the oatmeal to spread the brown sugar. Without changing her gloves, E4 continued to serve eggs, cheese, and biscuit bread. E4 then took her gloved hand and reached into the bag of brown sugar. E4 took the brown sugar in her gloved hand and placed it on top of another bowl of oatmeal. E4 continued this process until the dining room was served before she changed her gloves and washed her hands. E4 did not use a scoop utensil to remove the brown sugar from the bag.</p> <p>On July 8, 2015 at 10:55 AM, E3 (Dietary Manager) said gloves should be changed with every task, especially when touching meat, before any other item is touched. E3 said tongs or a utensil should have been used to remove the shredded chicken from the container, and gloves should be changed if the meat comes in contact with the hands. E3 said hands should not be</p>	F 371			



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F 371	Continued From page 16 used to scoop items out of bags or containers. The April 4, 2012 facility policy " Hazard Analysis Critical Control Point " states " All persons will practice proper hand washing techniques " . " Food Service Department employees will avoid direct bare hand contact with food and will handle food with suitable utensils such as spatulas, tongs, or single use gloves. ...Gloves will be used for one task only, and discarded when damaged, soiled or interruption of service occurs " .	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if	F 441			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

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F 441	<p>Continued From page 17</p> <p>direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure resident care was given in a manner to prevent cross contamination. This applies to 1 of 10 residents (R2) reviewed for infection control in the sample of 10. The findings include: On July 7, 2015 at 2:00 PM, R2 was visibly soiled while sitting in the hallway. E5 and E6 (certified nursing aides) moved R2 into his room and transferred him into be using the manual mechanical lift. E5 and E6 donned gloves and removed the soiled pants and absorbant pad, soaked with urine. E5 and E6 rolled R2 onto his right side and E5 used toilet tissue to remove feces from R2's buttocks. E5, without changing gloves, rolled R2 onto his back and continued to perform peri care. After completing cares, with the same gloves, E5 opens the closet doors with the contaminated gloves. E5 gets pants and shirt for R2 and dresses him. Without changing gloves, E5 assists the transfer of R2 back to his wheelchair. E5 places the heel boots on R2 then puts the leg rests on the wheelchair. E5 opens</p>	F 441			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
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F 441	Continued From page 18 the door and grabs the bag of soiled material. At no time did E5 change her gloves or wash her hands during the procedure. On July 8, 2015 at 11:45 AM, E2 DON (Director of Nursing) stated E5 should have changed her gloves every time she were to contaminate her gloves, such as cleaning up feces. The facility's December 2009 policy for standard precautions documents 3. Gloves: Change gloves between tasks and procedures on the same resident after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments.	F 441			
F 516 SS=C	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS  A facility may not release information that is resident-identifiable to the public.  The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  The facility must safeguard clinical record information against loss, destruction, or unauthorized use.  This REQUIREMENT is not met as evidenced by:	F 516			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 516	Continued From page 19 Based on observation, interview, and record review the facility failed to safe guard medical records from potential water damage. This applies to all residents in the facility. The findings include: The facility has 26 residents residing in the facility according to the Federal form 672, dated July 7, 2015. On July 8, 2015 at 8:30AM, the medical record storage room had stacks of loose leaf medical records on a shelf under the sprinkler head. Cardboard boxes full of medical records was in the room not covered with a water proof barrier. On July 8, 2015 at 8:30AM, E13 said the stacks of documents sitting out were old medical records. E13 states they would get wet if the sprinkler went off. On July 8, 2015 at 11:00 AM, E1 Administrator said it's important to protect past medical records from damage. The undated medical records policy does not mention the preservation of past medical records, or its storage.	F 516		